

Chairman Gilbert Grosvenor commended the state as "one of the best examples in the country of putting essential geography into a statewide system." The Fordham Foundation, a private organization committed to quality-based reform of elementary and secondary education, conducted a recent study evaluating different geography standards used by states in setting their academic curricula. West Virginia was one of only six states that received honor grades for adopting excellent standards for geography that are clear, specific, comprehensive, and rigorous.

Good students and teachers are an integral component of getting ahead in education.

West Virginia could not have made the progress in education that it has made in the past few years without solid homes, ambitious students, and good teachers. The whole process depends, in great measure, on quality teachers, since even the most driven and ambitious students can falter at the hands of an unqualified, incompetent teacher. Just recently, Susan Lee Barrett of Nicholas County, WV, was named as the West Virginia Teacher of the Year. Ms. Barrett is a teacher at the Cherry River Elementary School. She was selected based on her leadership in education reform. I hope that many other teachers in West Virginia and around the Nation will emulate the ambition and dedication to her chosen field that Ms. Barrett has so evidently displayed.

I also take great pleasure in learning of the headway West Virginia is making as a leader in education. Over the past few months, my office has been inundated with positive news about many West Virginia schools and students. These bright spots deserve recognition for their efforts and innovation. As Plato wrote in his day, "Excellent things are rare." How true that is. Excellence is something that we all can recognize—the Nobel Prize or a play by Shakespeare or Aeschylus or Euripides or Sophocles; however, it is not something that most of us see or experience on an everyday basis. For that reason, excellence should be acknowledged and it ought to be rewarded.

The Department of Education recently announced the selection of the 1998 national blue ribbon schools, which are recognized for strong leadership, high-quality teaching, up-to-date curriculum, policies, and practices. In West Virginia, Weir High School, which is in the northern panhandle of West Virginia, and Weir Middle School, both of Weirton, WV, were named for this award. Weir High School is unique for its active role in preparing students to meet the demands of today's high-tech society. With increased global competition and industry downsizing, Weir High School provides its students with many important resources, including a computerized library resource directory, Internet accessibility, satellite

television access, computer-assisted drafting, laser disc technology, and electronic research. Weir High School students are making great strides as a result of such unprecedented use of technology, and I commend the school and its able faculty for its leadership in that area. When I went to school, we never heard of such things. We not only didn't have access to it, we never even heard of it.

In addition to an educational technology focus, Weir High School should be extremely proud of its veteran teaching staff—a staff that demonstrates an unparalleled level of commitment and dedication. That is what it requires: dedication and commitment. Among its faculty members, the school boasts of a Tandy finalist, Ashland Teacher of the Year, West Virginia Math Teacher of the Year, West Virginia Biology Teacher of the Year—think of that—several Hancock County Teachers of the Year, Who's Who Among American High School Teachers, and West Virginia Governor's Honor Academy Favorite Educators.

Following in the footsteps of its neighboring high school, Weir Middle School has made great progress in technology, curriculum, National and State test scores, community involvement, student environment, and meeting State and National education goals for all students. The school motto, "An Open Door to New Beginnings," is observed and followed daily. Accordingly, Weir Middle School recently introduced a new program, WEIR, We Encourage Individual Responsibility, to encompass total staff and student involvement in promoting learning and the teaching of standards.

West Virginia, with stars shining across its educational firmament, is home to many other schools producing excellent students. To name a few, Kiley Anne Berry, a sophomore at East Fairmont State College, in the northern portion of the State, is 1 of 20 distinguished students selected from across the Nation—not just across West Virginia, but across the Nation—to participate in an international Youth Science Festival in Seoul, Korea. Heather Wilson, an eight-year-old from Jefferson County, in West Virginia's eastern panhandle, was selected earlier this year as a National Runner-Up in the Reading is Fundamental 1998 National Reading Celebration, an annual reading program challenging students to meet or exceed an age-based reading goal. Several students at Clay County High School of Clay, WV, were distinguished in the "We the People . . . the Citizen and the Constitution" national finals. More than 250 other West Virginia students in grades five through eight were honored for their exceptional academic talents as part of the Johns Hopkins University Talent Search. And the list goes on.

I could spend several more minutes, or even hours, talking about distinguished West Virginia students and West Virginia schools, and education in

general. I will, however, conclude now. But I urge all schools, teachers, and students, nationwide and in my State of West Virginia, to follow these pacesetters—pacesetters. Our education system in the United States is ailing and we need to get back on track. These schools and students that I have talked about today are succeeding, and I encourage others to keep pace and emulate this progress.

Mr. President, I yield the floor.

Mr. ENZI addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

#### HEALTH CARE QUALITY LEGISLATION

Mr. ENZI. Mr. President, I rise today to speak about the popular issue of health care quality. You can't mention health care without pulling on everyone's heartstrings. While several of the measures in both the House and the Senate have been pitched as being essential to enhancing the quality of care Americans receive, I hope that my colleagues will carefully evaluate the impact that any Federal one-size-fits-all mandate would have on our Nation's health care system.

Health care is as personal as it gets. More importantly, though, our decisions must not be tainted by simple anecdotes. This is not a one-line sound bite issue. Like any Member of this body, I believe that America's health care providers are the best in the world, and I believe that our health care system is the most technologically advanced in the world—the most technologically advanced in the world. Perhaps we don't hear that enough. The reason for that could be that this issue is being used by some folks as a political ad campaign, dwelling entirely on the negatives and failing to illustrate any positives. That is not rational, that is not fair. People are prone to believe something if they hear it enough, even if it isn't true. Repetition doesn't right a wrong, although repetition may lead a person to think a wrong is right.

While watching this debate unfold, I have seen people wield surveys and polls around this body like they were weapons of mass destruction. It stands to reason that if you want to make a bill popular, back it up with a survey or a poll. Why? Because you can always get the answer you want by the way you word the questions.

Legislating our Nation's health care system in such a fashion is like trying to cross a chasm in two jumps. It is detrimental to everyone's health.

I will, however, illustrate how unreliable survey and poll results have been in relation to various health care quality provisions. For instance, in May, a Democratic polling firm showed that 86 percent of those questioned supported the Patient Access to Responsible Care Act or PARCA bill. In the same month, a Republican poll found that more than 90 percent of those questioned favored

federal legislation to guarantee protections such as full information about their conditions and treatment options, a list of benefits and costs, as well as access to specialists.

But when folks were asked how they feel about their own health plan, an April survey by the Employee Benefit Research Institute showed that 53 percent of respondents were extremely or very satisfied with their health plan. And in a November 1997 Kaiser/Harvard survey, 66 percent of Americans in managed care plans said they would give their own health plan a grade of A or B. Such mixed results are more reason to approach any debate of federal mandates with the greatest degree of caution.

What would the polls show if people were asked about additional costs? What would the polls show if changes could eliminate being able to see a doctor at all?

I will talk in a minute about the frontier, the rural, aspects of that.

Yes, another factor that has produced mixed results is the cost of each of these bills. I've seen estimates for a number of pending bills that could raise the price of premiums by at least 2.7 percent all the way up to 23 percent. Why aren't the people being polled about that? I don't believe that you can get quality out of any bill that forces people not to purchase insurance. We'd essentially be driving people away from coverage, not toward coverage. This is why cost estimates for the different proposals are vital. But with mixed results like this, I'm not about to assume that my constituents—who budget their incomes on a day to day basis—will swallow any additional price increases that federal mandates could create.

We are always asked that we not judge a book by its cover. Well, don't judge a bill by its title. The devil is in the details. Or, as we accountants like to say, the numbers should make us nervous, or the numbers should show the nightmare.

Aside from the morass of misleading information pertaining to this issue, I also have serious reservations about any legislation that would dismantle traditional state regulation of the health insurance industry. While serving in the Wyoming State Legislature for 10 years, I gained tremendous respect for our state insurance commissioner's ability to administer quality guidelines that cater to the unique type of care found in Wyoming. That is critical. I firmly believe that decisions which impact my constituent's health insurance should continue to be made in Cheyenne—not Washington.

I cannot emphasize how important it is to consider demographics when debating health care. Wyoming has 465,000 residents living within 97,000 square miles. That is living in a State that is 500 miles on a border. We are one of those square States that couldn't exist if somebody hadn't invented the square. There are 99,000

square miles with only 465,000 residents. The State has an average elevation exceeding 4,000 feet. We have high altitude and low multitude.

Most communities have a higher altitude than population. In fact, if you look at one of the Wyoming roadmaps, you will find a list of about 150 cities. We call them cities out there. If you look at the population following the name of the city, you will see that half of them have no population at all. They are a place where the ranchers come to pick up their mail. Even the Postmaster doesn't live in the town where the Post Office is. It is a long way between towns. I live in the sixth largest town in the State. It is 135 miles to the next biggest town—135 miles. The town I am from has 22,000 people. The biggest city in Wyoming is 50,006. We don't have that much population. We have a lot of miles. It is tough to get to doctors.

It's in those conditions that my constituents have to drive up to 125 miles one-way just to receive basic care. Moreover, we have a tough enough time enticing doctors to come to Wyoming, let alone keep them there once their residency is finished. Even more troubling is the limited number of facilities for those doctors to practice medicine in Wyoming. Let me just say that if you don't have doctors, or facilities for them to practice in, you sure don't have quality health care.

We have even talked here about an overabundance of doctors in parts of the country. In Wyoming, we wish for that affliction.

The majority of bills now pending consideration in the House and Senate are primarily geared to overhauling managed health care plans. In a rural, under-served state like Wyoming, managed care plans account for a very small percentage of state-wide health plans and services currently available. This is partly due to the state's small population. Managed care plans generally profit from high enrollment, and as a result, the majority of plans in Wyoming still remain fee-for-service. In terms of legislation, however, this doesn't make a bit of difference. Many fee-for-service insurers in my state also offer managed care plans elsewhere. Those costs could be distributed across the board. Is it fair for the federal government to force my constituents to pay for a premium hike that's caused by federal mandates on managed care? The availability and cost of care for 465,000 rural frontier residents may not mean much to some folks, but it sure means a great deal to me.

Is this a problem that can be fixed from Washington? I certainly don't believe so. People from Wyoming understand that life in our state is much different than in California or New York. A one-size-fits-all policy doesn't help states like Wyoming, it only excludes them further from obtaining the type of care they deserve. I encourage my colleagues to look at the fine print when considering legislation in the

coming days. You just might agree that getting quality out some of these bills is like trying to squeeze blood out of a turnip. And we'll want to spend some time talking about whose blood!

Thank you, Mr. President.

I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

#### AZORES EARTHQUAKE

Mr. KENNEDY. Mr. President, I want to bring to the attention of the Senate a rather tragic set of circumstances that has taken place in the Azores in the last several hours.

Some 1,500 minor aftershocks hit the Azores last night after a strong earthquake struck the islands, killing 10 people, with very severe damages to the island of Faial in the Portuguese mid-Atlantic archipelago. There are many individuals sleeping out in the open, in the parks, and in their cars, to avoid the risk of being caught inside of a building if another quake should strike.

The impact of that was 5.8 on the Richter scale, which is a very, very sizeable earthquake.

As I mentioned, there have been some 1,500 aftershocks. And the terror and loss that has struck the people in that island and in that archipelago is a great human tragedy. Obviously, the people of the United States want to reach out to all of those islanders and all of the people and families who have lost loved ones and those who are suffering injury.

I know that the United States will do what it can in terms of help and assistance to the people and to the Portuguese Government, particularly people on those islands, and we will want to give whatever humanitarian help and assistance that we can.

This happened a number of years ago. Some 40 years ago I can remember those circumstances, and I think many of us in Massachusetts who are fortunate to have families and friends who have families in the Azores and from the island of Faial, know that they are suffering greatly today, and it is appropriate that we take whatever steps, as a country, to help and assist them. In the meantime, our thoughts and prayers are with all the people of the Azores.

#### THE PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, on another item, I want to just take a few moments to bring the Senate and those who are watching up to date about where we are on our battle for debate and discussion on the issue of the Patients' Bill of Rights.

As we have pointed out, that issue, which is of fundamental importance to the American people, is a rather basic and fundamental issue. It comes down to this very simple concept—that medical decisions ought to be made by doctors and patients and not by insurance